

DOCKET No. \_\_\_\_\_ DEFENDANT \_\_\_\_\_

AUSA \_\_\_\_\_

DEF.'S COUNSEL \_\_\_\_\_

☐ \_\_\_\_\_ INTERPRETER NEEDED☐ RETAINED ☐ FEDERAL DEFENDERS ☐ CJA ☐ PRESENTMENT ONLY☐ DEFENDANT WAIVES PRETRIAL REPORT☐ Rule 5 ☐ Rule 9 ☐ Rule 5(c)(3) ☐ Detention Hrg.

DATE OF ARREST \_\_\_\_\_

☐ VOL. SURR.

TIME OF ARREST \_\_\_\_\_

☐ ON WRIT☐ Other: \_\_\_\_\_

TIME OF PRESENTMENT \_\_\_\_\_

**BAIL DISPOSITION**☐ DETENTION ON CONSENT W/O PREJUDICE ☐ DETENTION: RISK OF FLIGHT/DANGER ☐ SEE SEP. ORDER☐ DETENTION HEARING SCHEDULED FOR: \_\_\_\_\_ ☐ SEE TRANSCRIPT☐ AGREED CONDITIONS OF RELEASE☐ DEF. RELEASED ON OWN RECOGNIZANCE☐ \$ \_\_\_\_\_ PRB ☐ \_\_\_\_\_ FRP☐ SECURED BY \$ \_\_\_\_\_ CASH/PROPERTY: \_\_\_\_\_☐ TRAVEL RESTRICTED TO SDNY/EDNY/ \_\_\_\_\_☐ TEMPORARY ADDITIONAL TRAVEL UPON CONSENT OF AUSA & APPROVAL OF PRETRIAL SERVICES☐ SURRENDER TRAVEL DOCUMENTS (& NO NEW APPLICATIONS)☐ PRETRIAL SUPERVISION: ☐ REGULAR ☐ STRICT ☐ AS DIRECTED BY PRETRIAL SERVICES☐ DRUG TESTING/TREATMT AS DIRECTED BY PTS ☐ MENTAL HEALTH EVAL/TREATMT AS DIRECTED BY PTS☐ DEF. TO SUBMIT TO URINALYSIS; IF POSITIVE, ADD CONDITION OF DRUG TESTING/TREATMENT☐ HOME INCARCERATION ☐ HOME DETENTION ☐ CURFEW ☐ ELECTRONIC MONITORING ☐ GPS☐ DEF. TO PAY ALL OF PART OF COST OF LOCATION MONITORING, AS DETERMINED BY PRETRIAL SERVICES☐ DEF. TO CONTINUE OR SEEK EMPLOYMENT [OR] ☐ DEF. TO CONTINUE OR START EDUCATION PROGRAM☐ DEF. NOT TO POSSESS FIREARM/DESTRUCTIVE DEVICE/OTHER WEAPON☐ DEF. TO BE DETAINED UNTIL ALL CONDITIONS ARE MET☐ DEF. TO BE RELEASED ON OWN SIGNATURE, PLUS THE FOLLOWING CONDITIONS: \_\_\_\_\_

; REMAINING CONDITIONS TO BE MET BY: \_\_\_\_\_

**ADDITIONAL CONDITIONS/ADDITIONAL PROCEEDINGS/COMMENTS:**☐ DEF. ARRAIGNED; PLEADS NOT GUILTY☐ CONFERENCE BEFORE D.J. ON \_\_\_\_\_☐ DEF. WAIVES INDICTMENT☐ SPEEDY TRIAL TIME EXCLUDED UNDER 18 U.S.C. § 3161(h)(7) UNTIL \_\_\_\_\_**For Rule 5(c)(3) Cases:**☐ IDENTITY HEARING WAIVED☐ DEFENDANT TO BE REMOVED☐ PRELIMINARY HEARING IN SDNY WAIVED☐ CONTROL DATE FOR REMOVAL: \_\_\_\_\_

PRELIMINARY HEARING DATE: \_\_\_\_\_

☐ ON DEFENDANT'S CONSENT

DATE: \_\_\_\_\_

**UNITED STATES MAGISTRATE JUDGE, S.D.N.Y.**

SDNY CJA 23 (Rev. 11/12)		<b>FINANCIAL AFFIDAVIT</b> IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE	
IN THE UNITED STATES <input type="checkbox"/> DISTRICT COURT <input type="checkbox"/> COURT OF APPEALS <input type="checkbox"/> OTHER (Specify below)		LOCATION NUMBER	
IN THE CASE OF _____ v. _____		FOR _____ AT _____	
PERSON REPRESENTED (Show your full name) <u>Janette Ramos</u>		DOCKET NUMBERS Magistrate Judge _____ District Court _____ Court of Appeals _____	
CHARGE/OFFENSE (describe if applicable & check box) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <u>18 USC 664, 1341, 1344</u>		1 <input type="checkbox"/> Defendant - Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Supervised Release Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other (Specify) _____	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY																				
INCOME & ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment? _____ How much did you earn per month? \$ _____ If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your spouse earn per month? \$ _____ If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____																		
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, give the amount received and identify the sources: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">           RECEIVED            IF YES, give the amount received and identify the sources            \$ <u>10,356</u>            \$ <u>102</u>            \$ <u>8,736</u> </td> <td style="width: 50%; vertical-align: top;">           SOURCES            Social Security <u>\$786.3 per month</u>            SNAP <u>(\$116/month)</u>            unemployment <u>(1168/wk)</u> </td> </tr> </table>		RECEIVED IF YES, give the amount received and identify the sources \$ <u>10,356</u> \$ <u>102</u> \$ <u>8,736</u>	SOURCES Social Security <u>\$786.3 per month</u> SNAP <u>(\$116/month)</u> unemployment <u>(1168/wk)</u>															
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	CASH	Do you have any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, total amount? \$ _____																		
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"></td> <td style="width: 20%; text-align: center;">VALUE</td> <td style="width: 40%; text-align: center;">DESCRIPTION</td> </tr> <tr> <td>IF YES, give value and description for each</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td></td> <td>\$ _____</td> <td>_____</td> </tr> </table>			VALUE	DESCRIPTION	IF YES, give value and description for each	\$ _____	_____		\$ _____	_____		\$ _____	_____		\$ _____	_____		
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OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS _____ Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Separated or Divorced Total No. of Dependents: <u>2 adult daughters</u>																		
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	<table style="width: 100%; border: none;"> <tr> <th style="width: 40%;">DESCRIPTION</th> <th style="width: 20%;">TOTAL DEBT</th> <th style="width: 40%;">MONTHLY PAYMENT</th> </tr> <tr> <td>Rent (Section 8 pays balance)</td> <td>\$ _____</td> <td>\$ <u>240</u></td> </tr> <tr> <td>Cable bill</td> <td>\$ _____</td> <td>\$ <u>about 100</u></td> </tr> <tr> <td>cell phone</td> <td>\$ _____</td> <td>\$ <u>50</u></td> </tr> <tr> <td>groceries/food</td> <td>\$ _____</td> <td>\$ <u>300-350</u></td> </tr> <tr> <td>Storage</td> <td>\$ _____</td> <td>\$ <u>202</u></td> </tr> </table>		DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT	Rent (Section 8 pays balance)	\$ _____	\$ <u>240</u>	Cable bill	\$ _____	\$ <u>about 100</u>	cell phone	\$ _____	\$ <u>50</u>	groceries/food	\$ _____	\$ <u>300-350</u>	Storage	\$ _____
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Storage	\$ _____	\$ <u>202</u>																		

I certify under penalty of perjury that the foregoing is true and correct.

Janette Ramos  
 SIGNATURE OF DEFENDANT  
 (OR PERSON REPRESENTED)

6/15/2021  
 Date

Clay H. Kaminsey  
 FD/CJA/RET. ATTORNEY (PRINT)

☒ APPROVED ☐ DENIED

[Signature]  
 SIGNATURE OF JUDICIAL OFFICER

ASSISTANT UNITED STATES ATTORNEY (PRINT)

June 15, 2021

DATE